Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

VISHAL KAPUR, MD
3100 TIMMONS LANE, STE 250
AUSTIN, TX 77027

Respondent Name

PENNSYLVANIA MANUFACTURERS ASSOC

Carrier's Austin Representative Box

Box Number 48

MFDR Tracking Number

M4-11-4178-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CARRIER REFUSES TO PAY FULL AMOUNT DUE FOR SERVICES RENDERED EVEN AFTER A REQUEST FOR RECONSIDERATION WAS SUBMITTED."

Amount in Dispute: $50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per response received from the Genex Medical Review Coordinator, "This bill was processed correct. The provider billed for 4 units when the fee schedule only allows for a maximum of 3 musculoskeletal body areas. The MMI evaluation reimbursement is $350 plus $300 for the 1st units, $150 for the second unit and $150 for the 3rd units totaling $950. The second code was allowed in full."

Response Submitted by: Gallagher Bassett Services, Inc. 16414 San Pedro Ave, Ste 950, San Antonio, TX 78232

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 17, 2011	99456-MI and 99456-W5-WP	$50.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   Explanation of benefits dated April 14, 2011
   - No denial/payment codes listed.

   Explanation of benefits dated July 03, 2011
   - W4 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.

Issues

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement for disputed services under 28 Texas Administrative Code §134.204?

Findings

1. The requestor is disputing CPT code 99456-MI on the Table of Disputed Services for $50.00. For the purposes of this review, it is necessary to review the entire billing of all codes for this DD examination to calculate any reimbursement. This review will include both CPT code 99456-W5-WP and 99456-MI according to all applicable fee guidelines, the documentation submitted and 28 Texas Administrative Code §134.204. The requestor originally submitted a billing for the DD examination Maximum Medical Improvement/Impairment Rating (MMI/IR) services for 4 body areas/units in box 24G of the CMS-1500 for $1,100.00 and billed with CPT code 99456-W5-WP. An additional line item was also billed with CPT code 99456-MI representing multiple impairments for $50.00. The respondent re-audited the billing and determined that no additional reimbursement was due when reviewing both codes together. Review of the documentation supports that MMI was assigned and per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is $350.00. The cervical, lumbar, hip, left ankle and left shoulder are the areas claimed as rated. Per 28 Texas Administrative Code §134.204(j)(4)(C)(i)(I), lumbar, cervical, thoracic and pelvis/hip are part of one body area, the spine. Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I), the MAR for an IR on spinal regions using Diagnosis Related Estimates (DRE) Category I method on the lumbar, cervical and the hips is $150.00 combined. Documentation supports a ROM IR method on the left ankle (lower extremity) for a MAR of $300.00 per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(a). In addition, ROM IR was performed on left shoulder as a 2nd musculoskeletal body area for $150.00 per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(b). Since there are only 3 musculoskeletal areas rather than 4, the combined MAR for the MMI and the 3 units reimbursable for the IR areas is $950.00.
2. The respondent has reimbursed the amount of $1,100 for the disputed CPT code 99456-W5-WP which per the areas rated only has a MAR of $950.00. As the 99456-W5-WP has been paid in excess by $150.00, the $50.00 in dispute for CPT code 99456-MI is not recommended for additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 27, 2012 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.
Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.